

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		9-19-00
O.I.P.E. CLASSIFIER		10	4-25-01
FORMALITY REVIEW	BZ	TC3-883	10-19-00
RESPONSE FORMALITY REVIEW	MM	780	4-30-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	0/21/02
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If more than 150 claims or 10 actions  
 staple additional sheet here

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